## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/567753

| CLAIMS AS FILED - PART I                                     |  |   |  |                                   |               |                                      |    | SMALL ENTITY TYPE  |                        |         | OTHER THAN<br>SMALL ENTITY |                        |
|--|--|---|--|-----------------------------------|---------------|--------------------------------------|----|--------------------|------------------------|---------|----------------------------|------------------------|
|  | NATIONAL                                       | 27405 5550                                | (Colu  | mn 1)                             | <del></del>   | (Column 2)                           | Г  |                    | T                      | OR<br>7 |                            | 7                      |
| U.S. NATIONAL STAGE FEES                                     |  |   |  |                                   | <u> </u>      |                                      |    | RATE               | FEE                    |         | RATE                       | FEE                    |
| BASIC FEE  |  |   |  | SMALL ENT. = \$ 150               |               | GE ENT. = \$ 300                     | E  | BASIC FEE          |                        | OR      | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                                   |               | ther situations = \$ 100 / \$ 200    | E  | EXAM. FEE          |                        |         | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |               | ther situations =<br>\$ 250 / \$ 500 | S  | SEARCH FEE         |                        |         | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                     |  |   | mi   | minus 100 =                       |               | /50 =                                |    | X \$ 125 =         |                        |         | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS                                      |  |   | 168 m  | minus 20 =                        |               | . 48                                 |    | X \$ 25 =          |                        | OR      | X \$ 50 =                  | 2400                   |
| INDEPENDENT CLAIMS   |  |   | 12   | minus 3 =                         | *             |                                      |    | X \$ 100 =         |                        | OR      | X \$ 200 =                 | /                      |
| MUL  | TIPLE DEPEN                                    | IDENT CLAIM PRE                           | ESENT  | SENT                              |               | Ū                                    | Γ  | + \$ 180 =         |                        | OR      | + \$ 360 =                 | 260                    |
| * If the difference in column 1 is less than zero, enter "0" |  |   |  |                                   |               | olumn 2                              | _  | TOTAL              |                        | OR      | TOTAL                      | 366C                   |
|  | (Column 1) CLAIMS REMAINING                    |   | T  | (Column<br>HIGHES                 |               | эт Т                                 |    | SMALL E            | NTITY<br>ADDI-         | OR      | SMALL E                    | ADDI-                  |
|  | ,  | CLAIMS<br>REMAINING                       |  | HIGH                              | IEST .<br>BER | PRESENT                              | Γ  | RATE               |                        |         | RATE                       | <del></del>            |
| AMENDMENT A  |  | AFTER AMENDMENT                           | <u></u>  | PREVIO<br>PAID I                  |               | EXTRA                                | -  |                    | FEE                    |         |                            | FEE                    |
|  | Total  |   | Minus  | **                                |               | -                                    | L  | X \$ 25 =          |                        | OR      | X \$ 50 =                  |                        |
|  | Independent                                    | <u> </u>                                  | Minus  | ***                               |               | =                                    | L  | X \$ 100 =         |                        | OR      | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |               |                                      | L  | + \$ 180 =         |                        | OR      | + \$ 360 =                 |                        |
|  |  |   |  |                                   |               |                                      |    | OTAL ADDIT.<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE        |                        |
|  | <u> </u>                                       | (Column 1)                                | •<br>  | (Colum                            | nn <u>2)</u>  | (Column 3)                           |    |                    |                        |         |                            | ,                      |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>DUSLY  | PRESENT<br>EXTRA                     |    | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                                |               | =                                    |    | X \$ 25 =          |                        | OR      | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                               |               | = .                                  |    | X \$ 100 =         |                        | OR      | X \$ 200 =                 |                        |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |               |                                      |    | + \$ 180 =         |                        | OR      | + \$ 360 =                 |                        |
|  |  |   | <u>, '</u>   | ,                                 |               |                                      | TO | OTAL ADDIT.<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE        |                        |
|  |  | · .                                       | •  |                                   | ٠             |                                      |    |                    |                        |         |                            |                        |
|  |  | umn 1 is less than the                    |  |                                   |               |                                      |    |                    |                        |         |                            |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.